GET
Guaranteed Education Tuition℠
Buy tomorrow's college tuition today.

GET PAYROLL DEDUCTION ESTABLISHMENT FORM

Date: _____

Please complete this form and return it to the GET Program.

Employer	
TIN (Taxpayer ID Number)	
Address	
Contact Person	
Title	
Phone	
Fax	
Email Address	
Payroll Frequency	☐ 1x month ☐ 2x month ☐ biweekly (26 per year) ☐ other_____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

_____

_____

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